

Cost of the Chronic Street Alcoholic in Downtown Reno

My partner, Steve Johns and I, Officer Patrick O'Bryan, work for the Reno Police Department in Reno Nevada. We patrol the downtown Reno casino core area. My partner has about three or four years of experience on this beat. I have somewhere in the area of ten years.

As police officers, our dealings with the homeless are often viewed by the community in terms of law enforcement, meaning arrests and detentions. However, when one works an area over a long period of time, one cannot help but make human contact even with those that most of society no longer sees. Let there be no doubt that we do make arrests. That is our primary job, to protect.

But, my partner and I began to notice patterns in our social processes in dealing with homeless, substance abusers, mentally ill and those with co-occurring disorders. In particular, we noticed a very strong pattern with regard to the street alcoholics. We began to suspect that these individuals were burning up vast amounts of resources and, despite the use of such resources, never ever improving their condition.

For example: If an alcoholic is so intoxicated that he becomes unconscious on a sidewalk, in an alley or on a street, they are often reported as a "one down." This situation is considered in its worst-case scenario, which is a severe medical emergency. The fire department, paramedics and police are all immediately dispatched to render possible life-saving aid.

In downtown Reno, the majority of these calls turn out to be intoxicated individuals who have gone to sleep or who have passed out from drinking. If the individual is ambulatory and there are no signs of injury or a medical emergency, the individual is handled by police who take the person into what is called "civil protective custody" (CPC). There are no criminal charges or procedures associated with this. They are simply taken to a safe facility to "dry out."

If the person is too intoxicated to stand, if there are signs of trauma, like they fell and hit their head while intoxicated and/or if there are other medical complications, the person has to be transported to a hospital emergency room for treatment. This medical situation is often the outcome of the triage done on the street. We began seeing that the same individuals could go on drinking binges lasting for weeks or longer. In this state, they could be taken to the hospital anywhere from once to even twice in one day's time. They would then be released back to the street to repeat the same process.

This became incredibly frustrating to all the emergency personnel who are in the transportation loop for this revolving door. Also, each time, emergency personnel are also exposed to the liabilities presented by these individuals. Some are combative. Many have communicable diseases. A mistake in the triage can mean a lawsuit. My partner and I also began to realize that these individuals were obviously not paying for these services. So, we began to ask some questions about the costs.

You have to keep in mind that we are cops. We are not scientists or professionals in the area of collecting statistical data. So, our cost information gathering is not particularly in-depth and can only be used as an indicator of a problem that has not yet been empirically analyzed. I do, however, believe that what we found is incredibly compelling.

The ambulance ride to the hospital costs approximately \$700.00. In the emergency room, it costs from \$1200 to \$2000 to "detox" someone without any existing trauma criteria. If trauma criteria are found, the cost jumps to \$6500 for a full trauma examination. A trauma criteria exam could be precipitated by the presence of a head injury, pre-existing diabetes, or a pre-existing tendency for epilepsy or seizures. Obviously, a long-term alcoholic living on the street can have several of these criteria. So, we were looking at anywhere from \$2000 to \$10,000 per trip to the hospital. When an individual is transported to the hospital once a day over a week's period of time, this costs tens of thousands of dollars.

My partner and I then evaluated three individuals who were in our "frequent flyer" category. We asked one of two major area hospitals that were within range of our downtown to give us an idea of their outstanding debt at the hospital. Even though one individual had been incarcerated for six months of the year that we had chosen, he had still accumulated a bill of over \$100,000 at one of the hospitals. We evaluated a second individual who had recently come to the Reno area. Individuals will use up resources in one community and burn their bridges then move on to a new community to repeat the process. This new individual was in the Reno area for only three months but had already accumulated non-recoverable medical expenses in excess of \$60,000.

There is about a 50% chance that a subject found on the street will be taken to either of the two large downtown Reno hospitals. So, it is reasonable to assume that these individuals also have similar outstanding medical bills at the other large hospital. Subject number one could have possibly incurred \$200,000 in services. Subject number two...\$120,000.

The City of Reno has no public intoxication laws. Street alcoholics are often arrested for other offenses such as drinking in public, trespassing, urinating in public and other misdemeanor minor offenses. Courts are often unwilling to tie up jail resources to house these subjects, so even though they may be frequently arrested, they will do very little time in jail. And, they will certainly not do enough time or have programs available long enough to treat their underlying condition. The objective of the local hospitals is to do just enough to satisfy their requirements to treat the condition of acute intoxication. They are also not treating the chronic illness in any meaningful way. Thousands and thousands of dollars are being spent on treatments that do not even come close to treating or curing a disorder.

Beyond the dollars, treating these individuals drastically effects the emergency room environments at the hospitals. These intoxicated subjects are often abusive toward